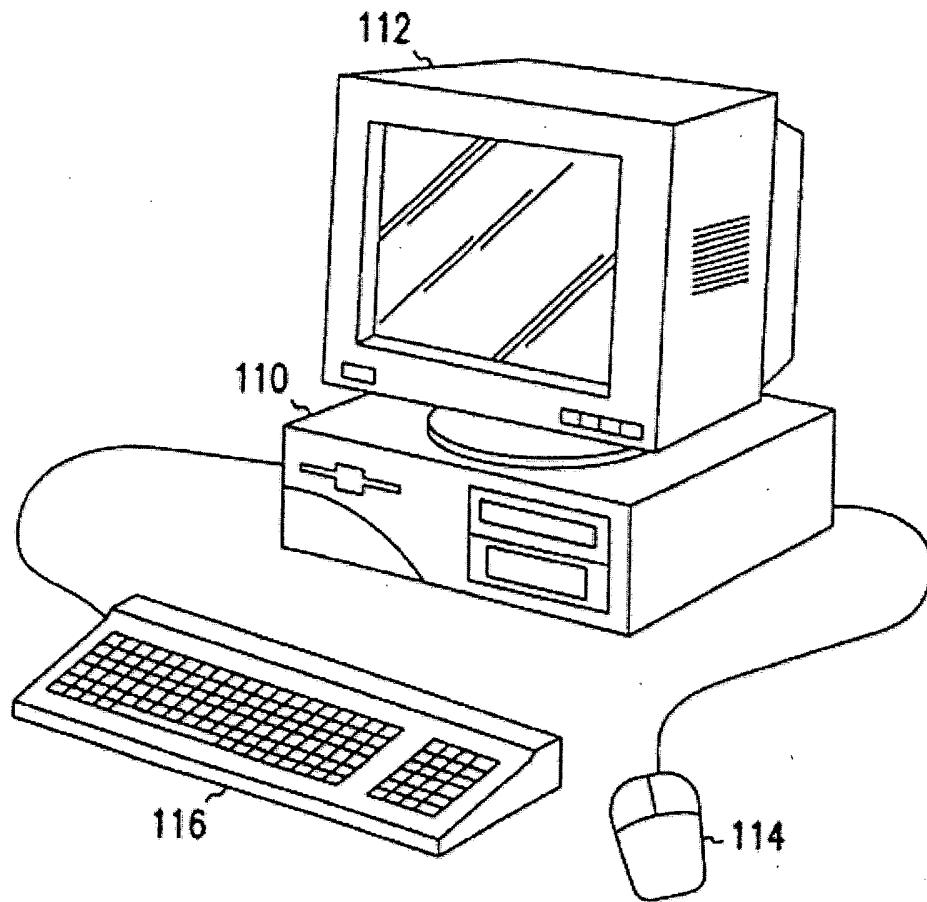


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Contact: Robert Dulaney, Reg. No. 28,071  
Telephone: (781) 890-8434 ext. 160  
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**FIG. 1**

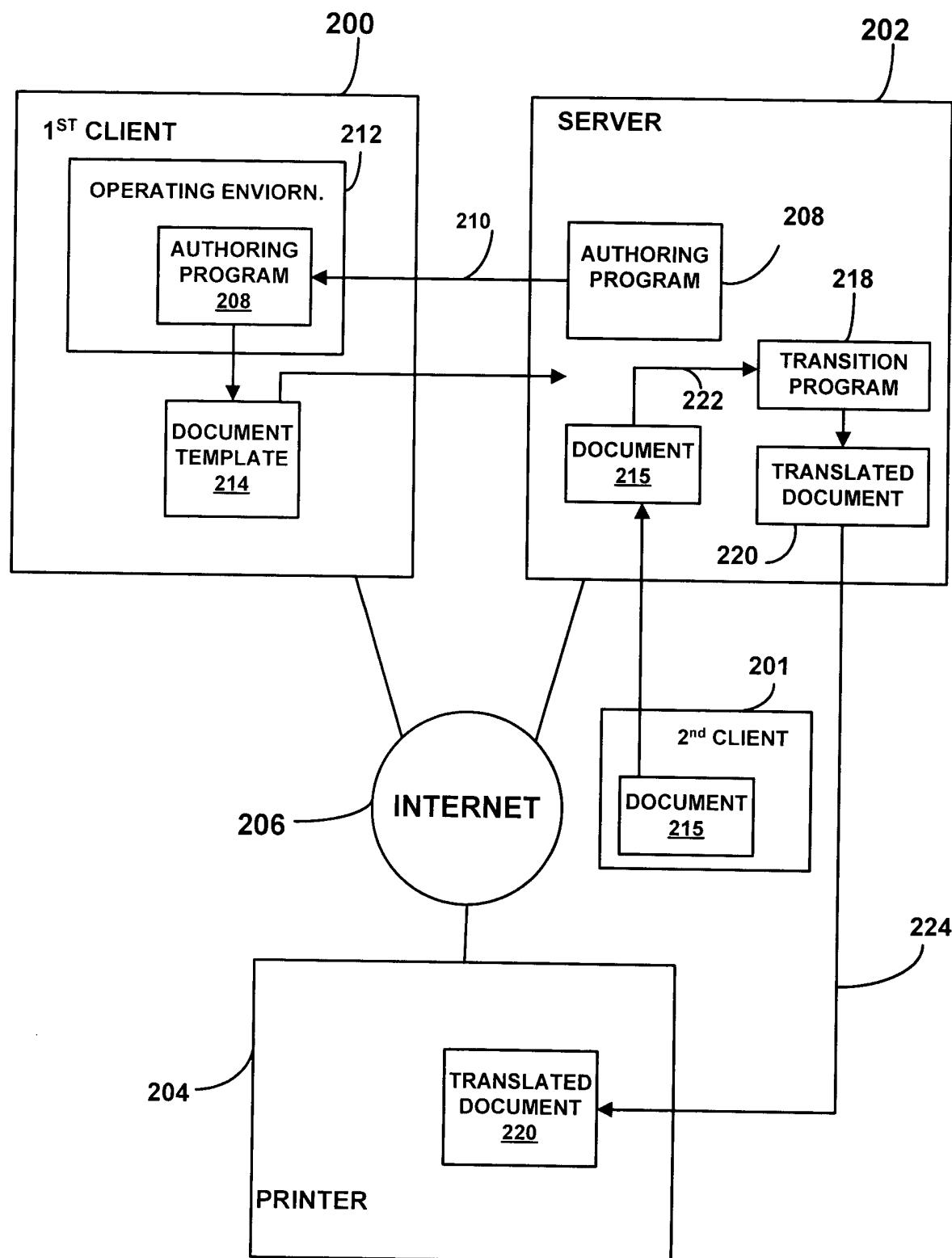


FIG. 2

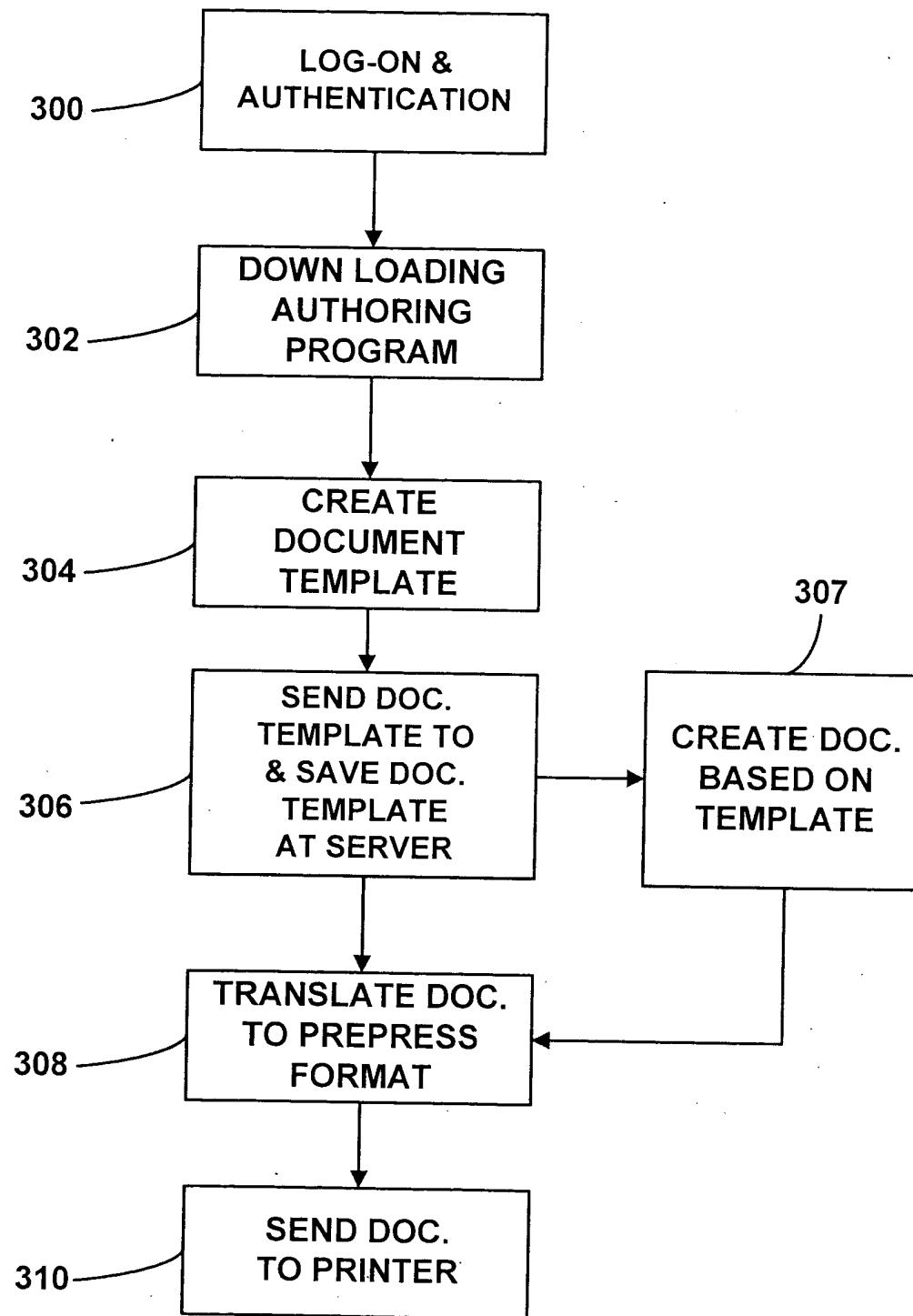


FIG. 3

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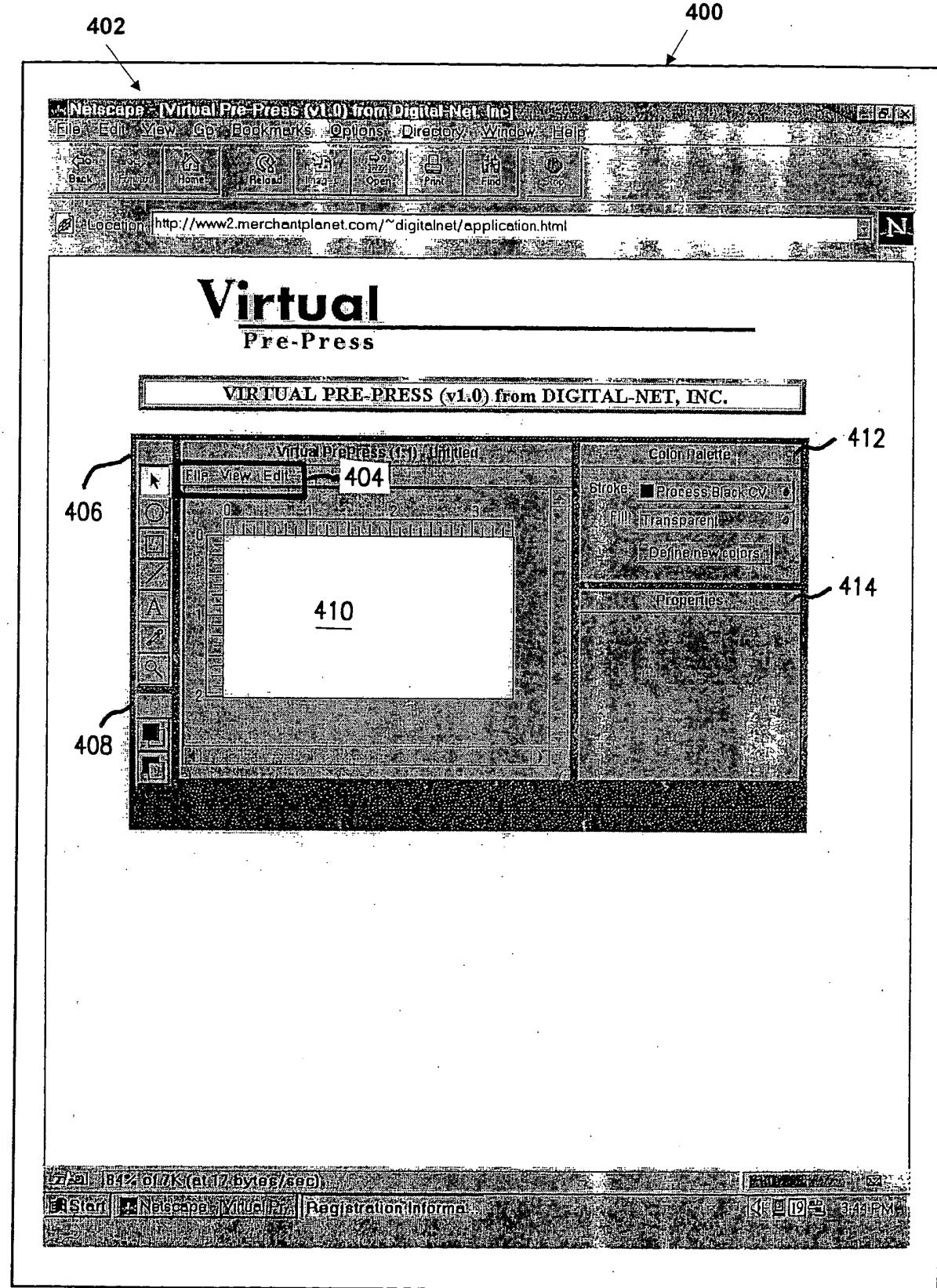


FIG. 4a

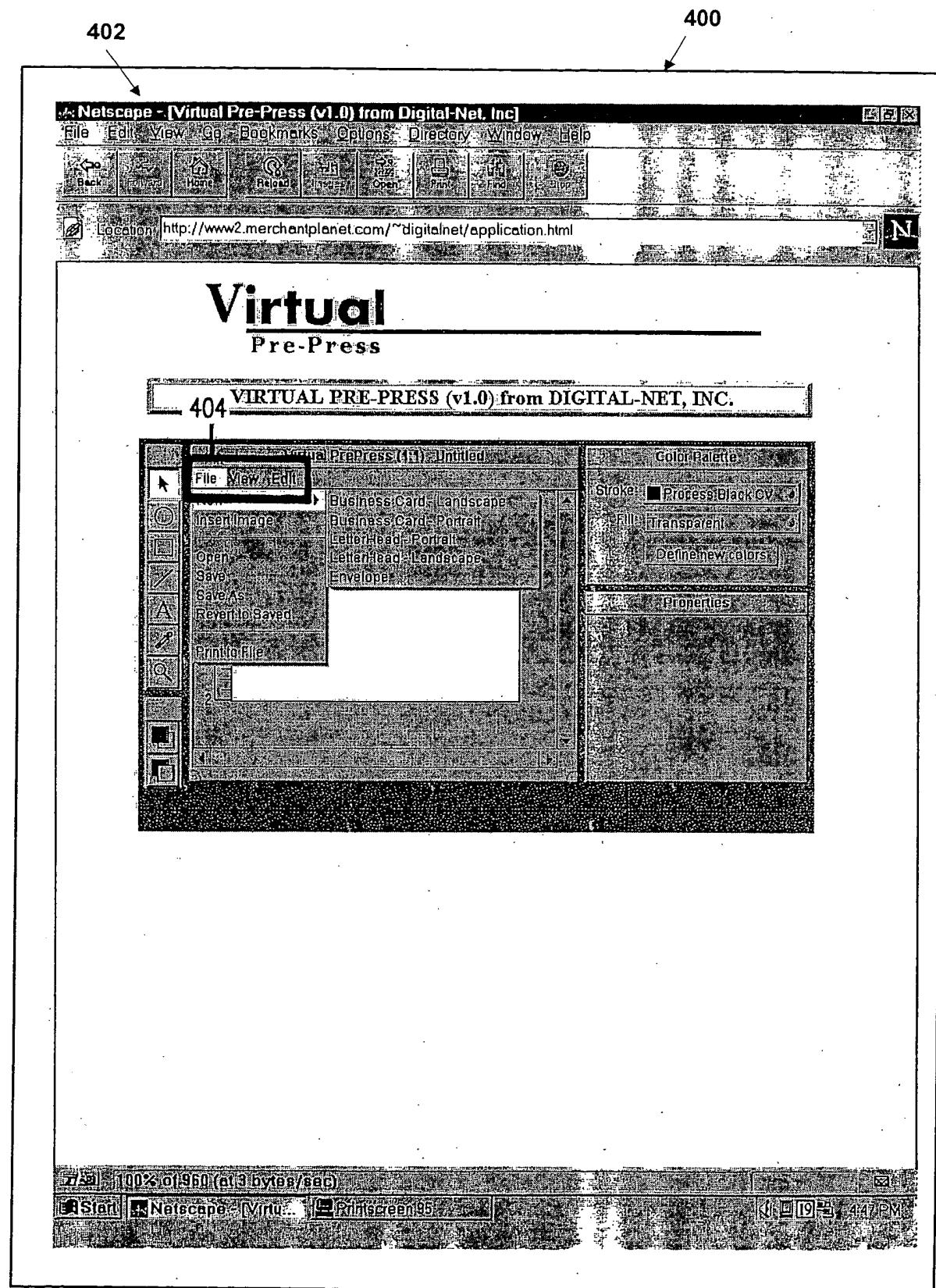


FIG. 4b

O P E  
JUL 28 2003  
P A T E N T & T R ADE M A R K S

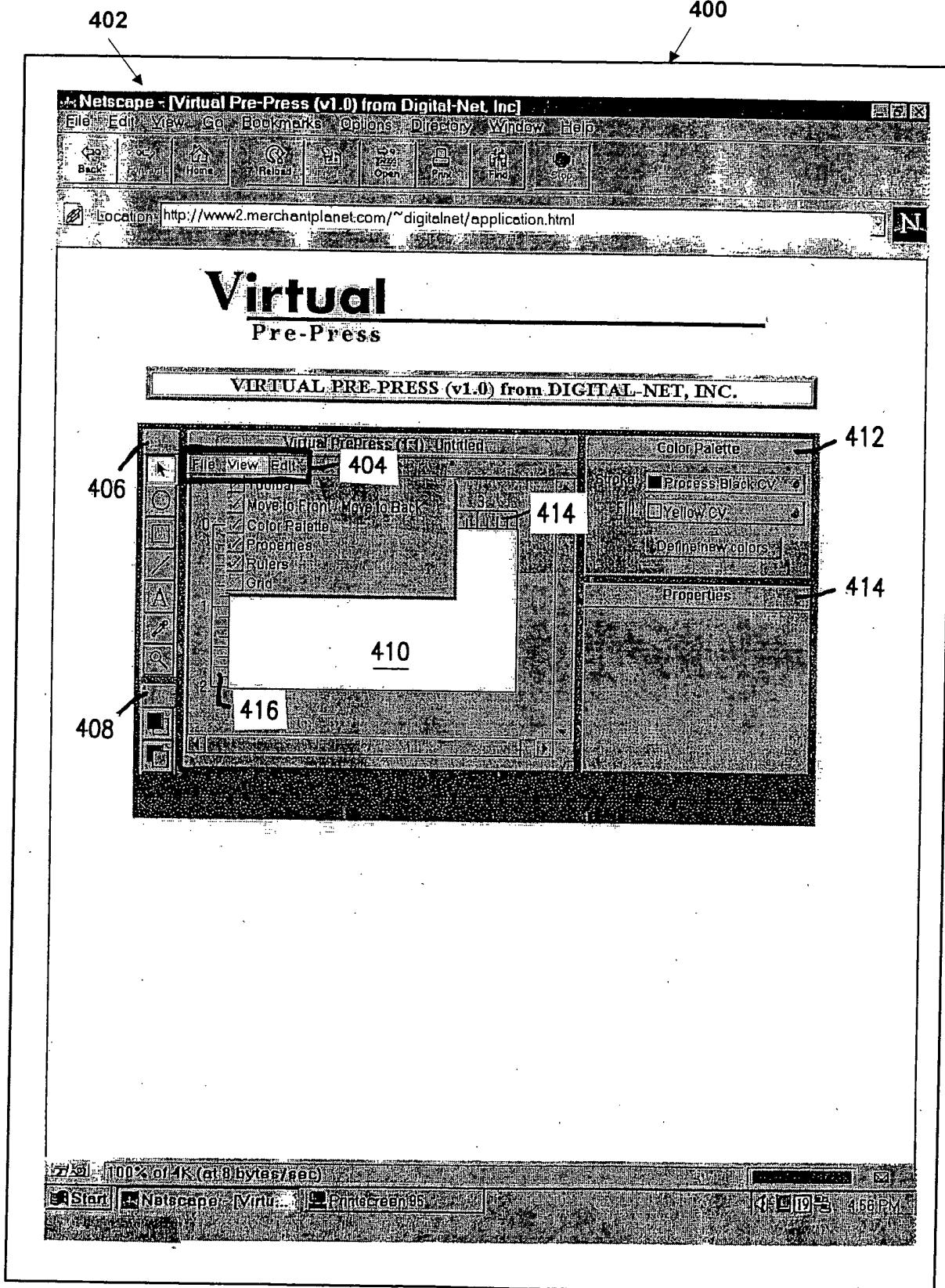


FIG. 4c

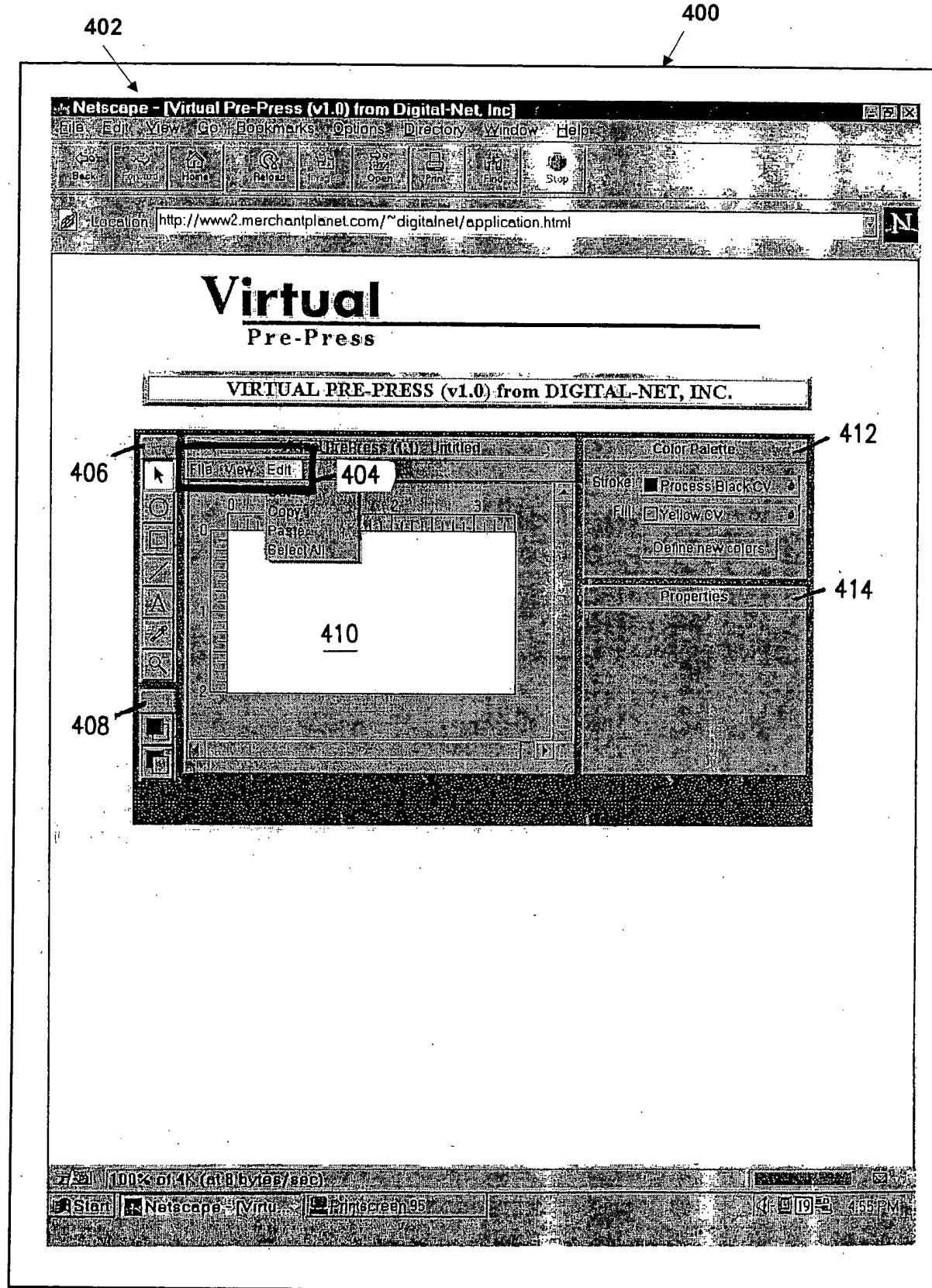


FIG. 4d

JUL 28 2003

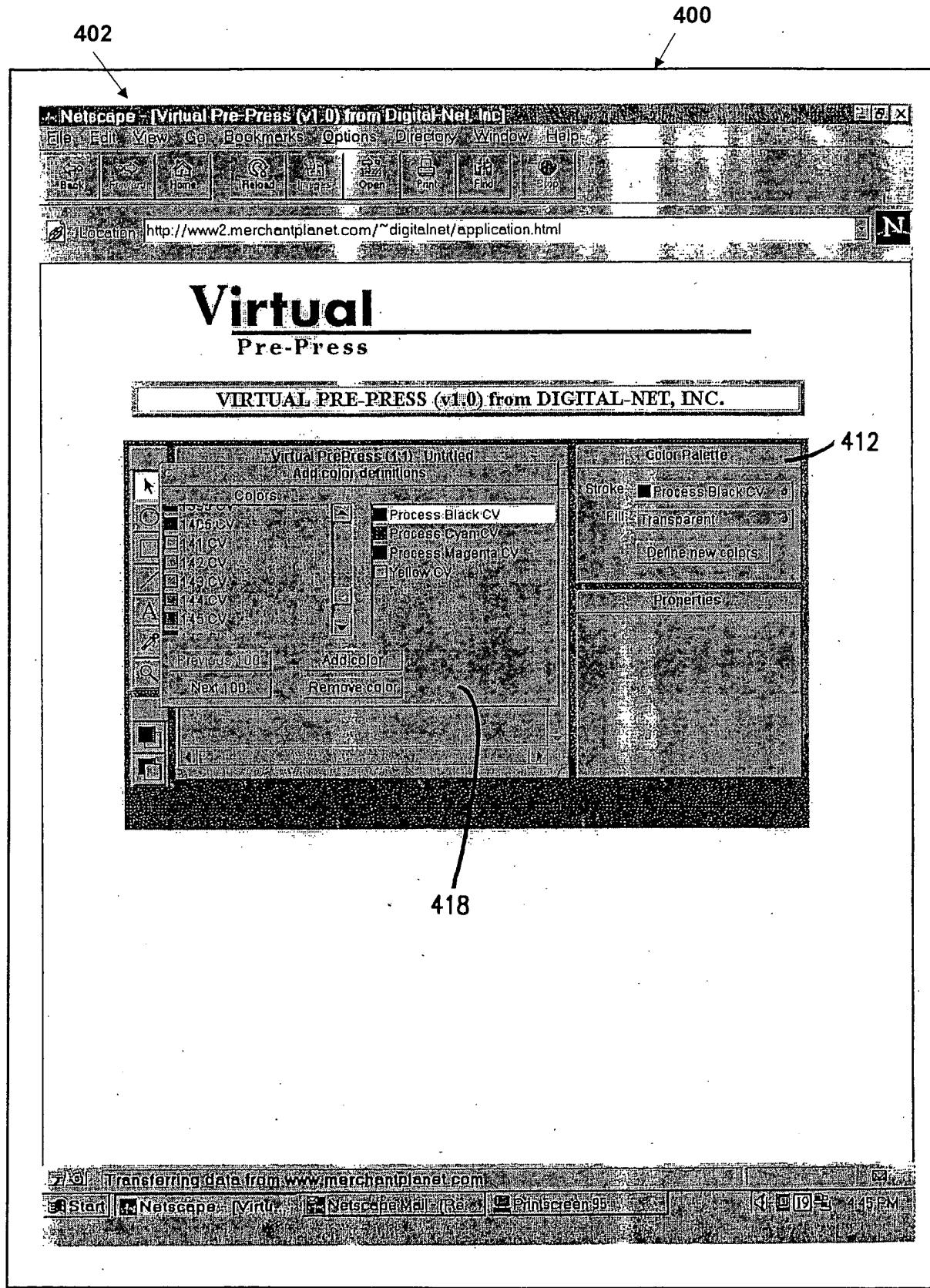
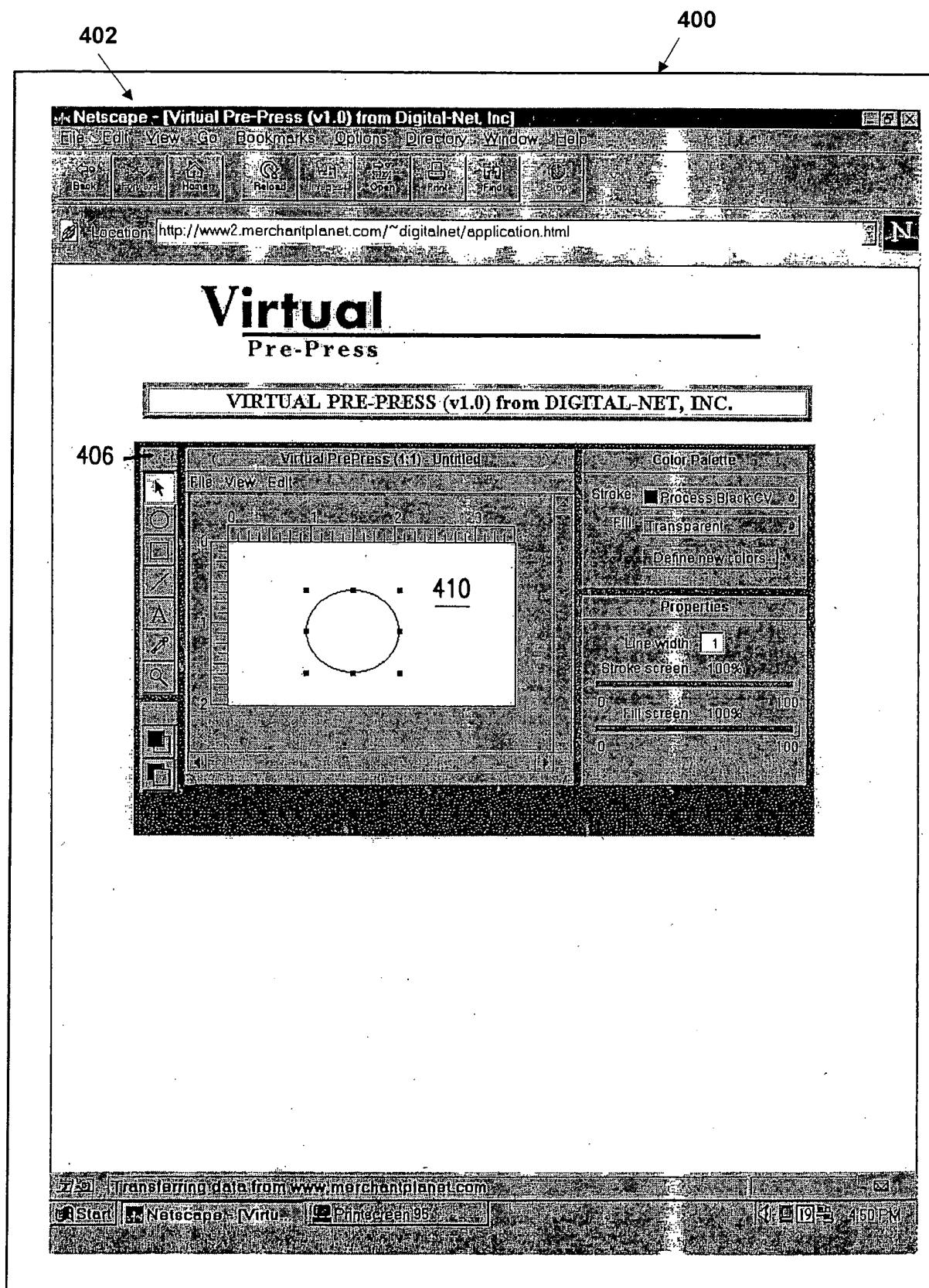


FIG. 4e



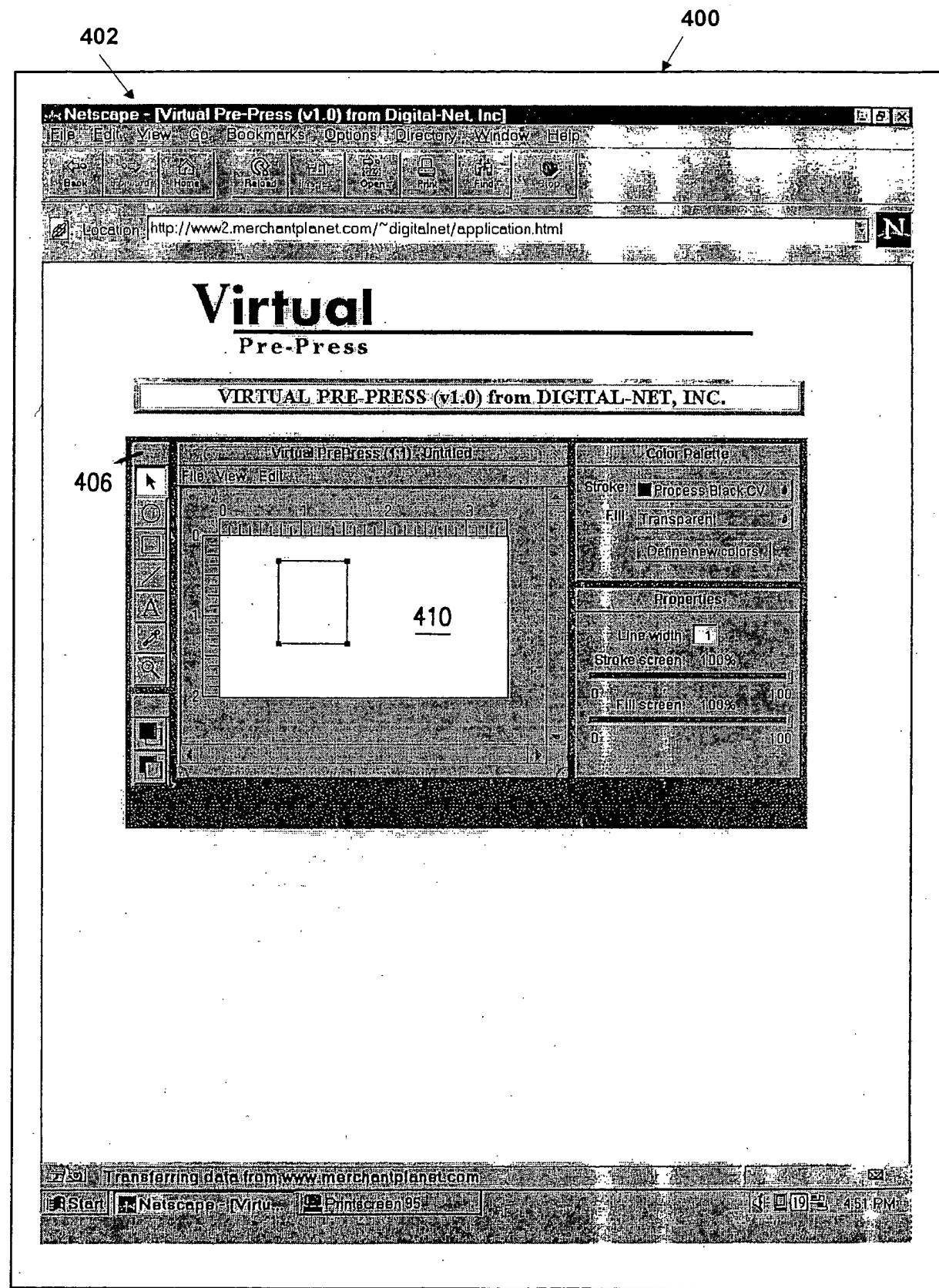


FIG. 4g

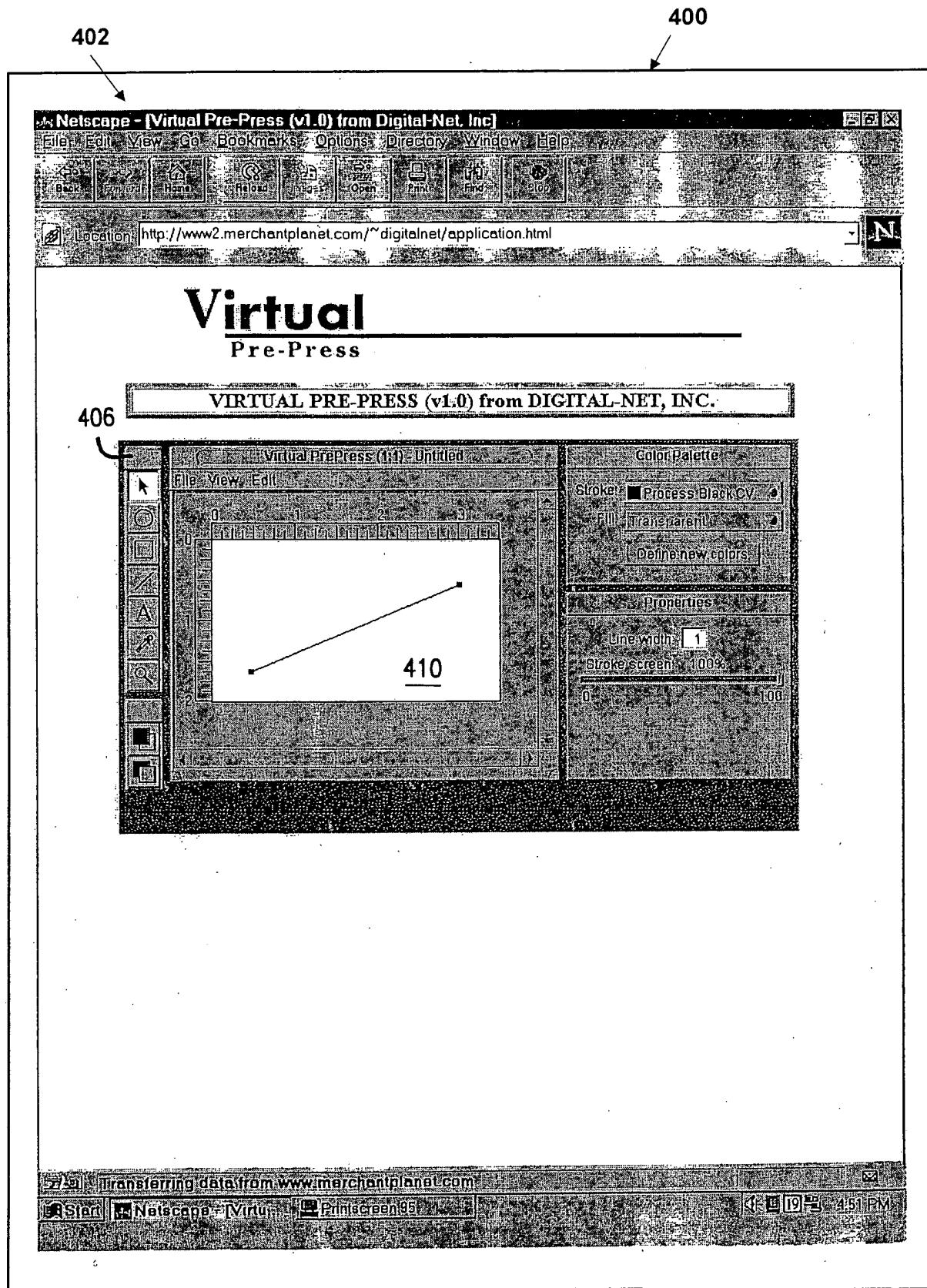


FIG. 4h

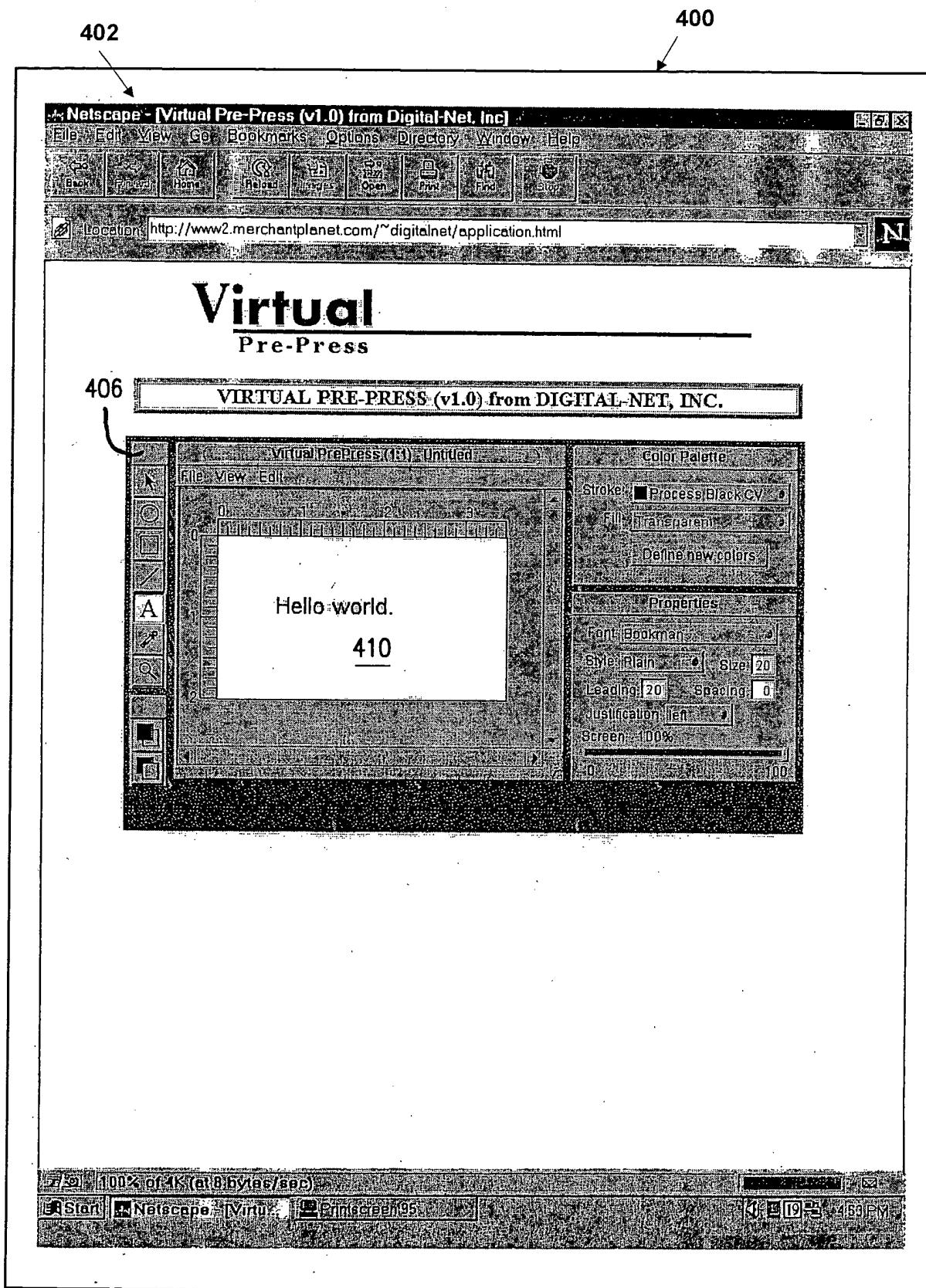


FIG. 4i

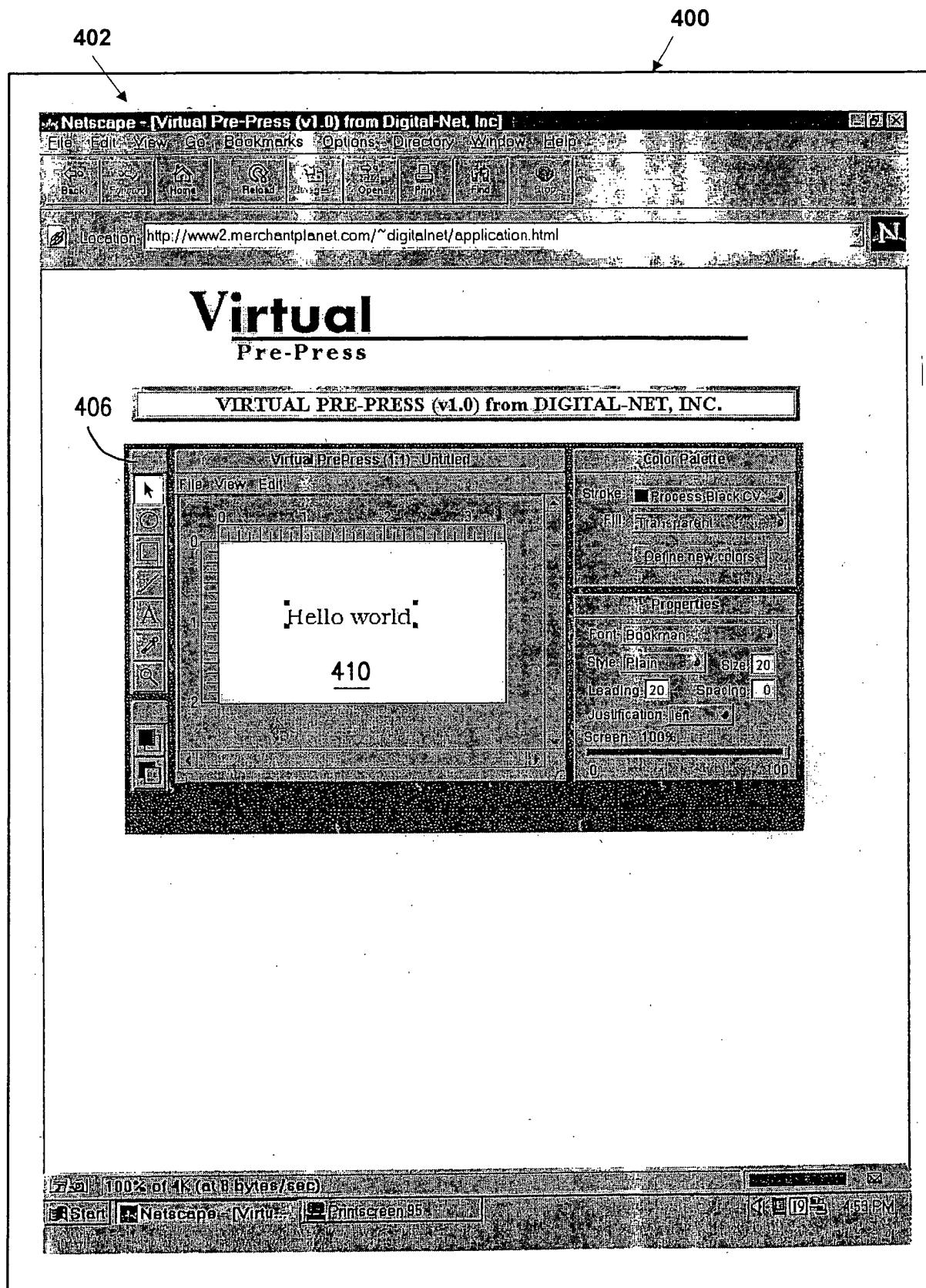
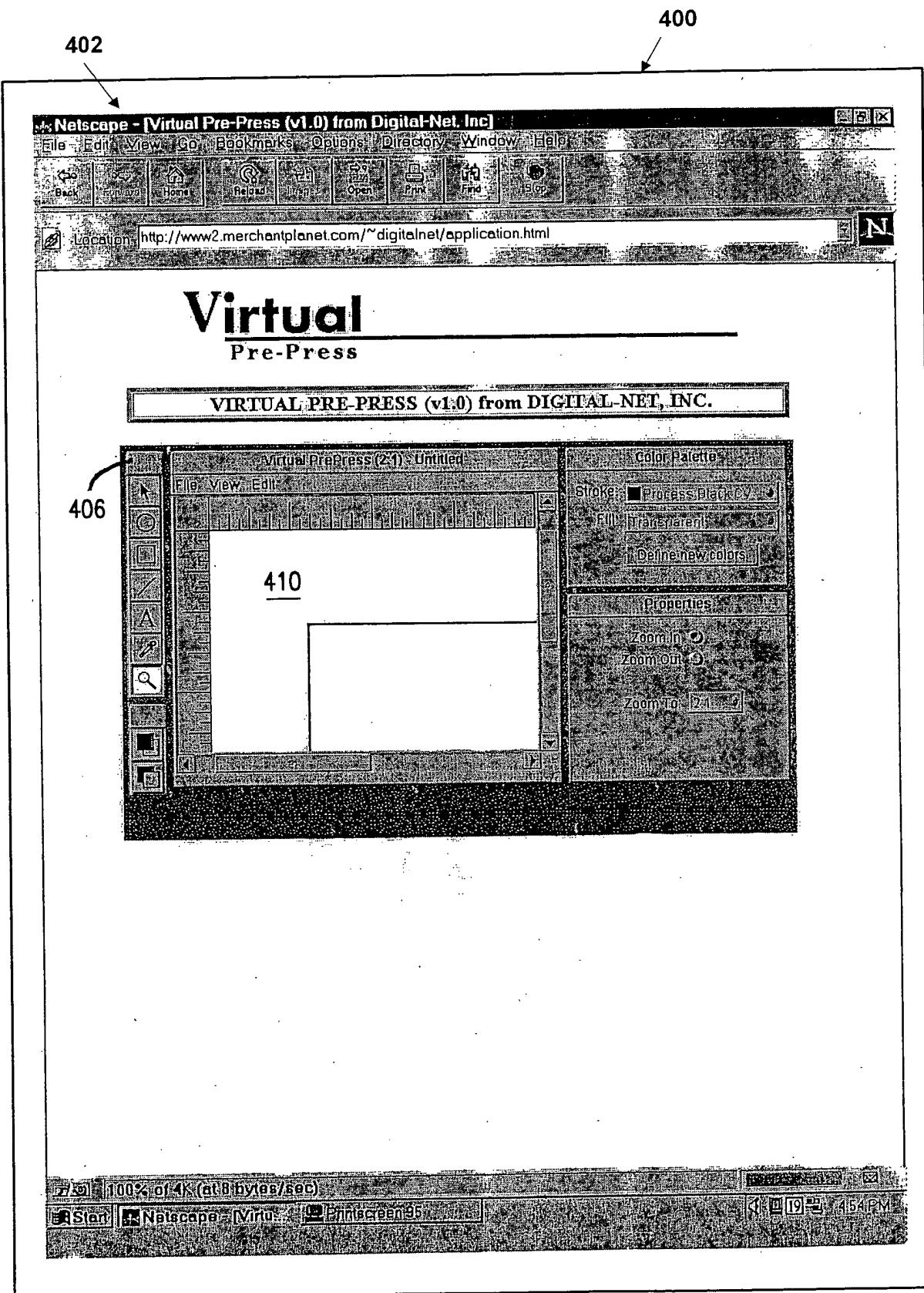


FIG. 4j

O P E R A T I O N S  
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PATENT & TRADEMARK OFFICE

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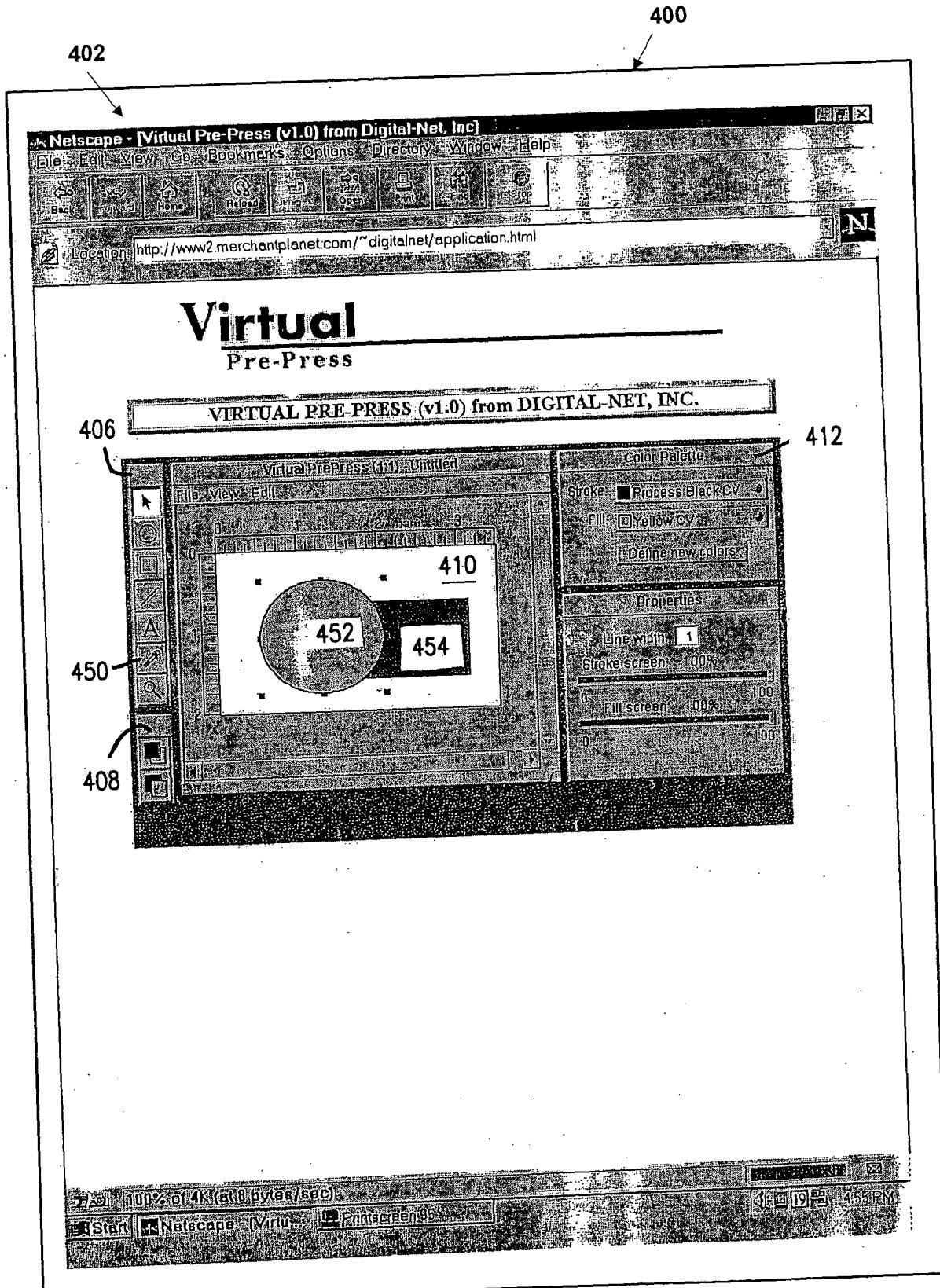


FIG. 4I

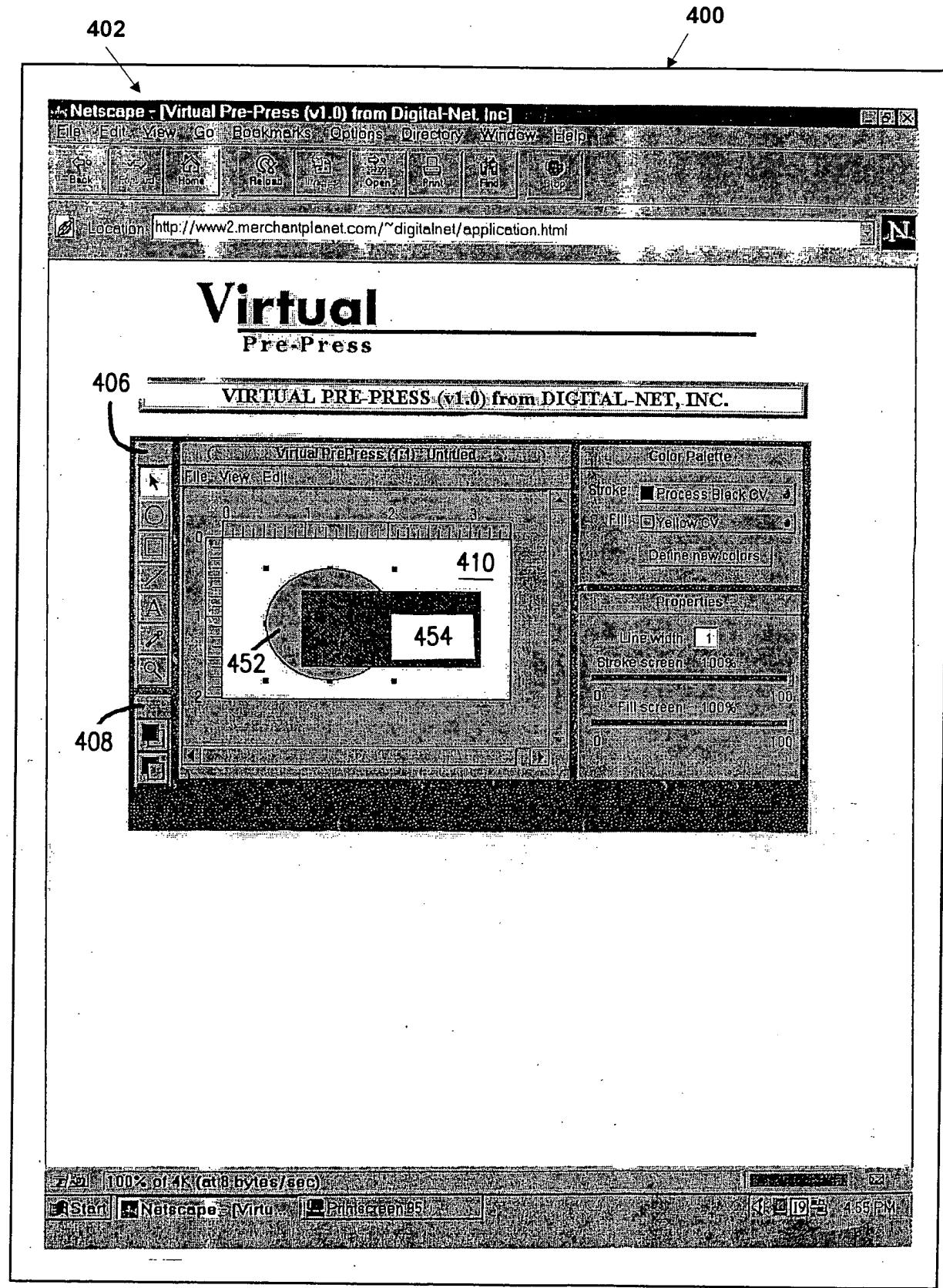


FIG. 4m

JUL 28 2003



**GLOBAL INSURANCE COMPANY**  
Virtual Pre-Press Business Card Ordering System

(Click here for [Instructions](#))



**GLOBAL INSURANCE COMPANY**

FName MInitial LName  
Title or Position

503

1234 Main Street, Suite 56  
Anytown, MN 55000 USA

Tel (123) 456-7890

Fax (123) 456-0000

E-mail [FNLName@globalins.com](mailto:FNLName@globalins.com)

Please Fill out the following form with information as you wish it to appear on your business card.

Leave fields blank that do not apply.

**EMPLOYEE INFORMATION**

First Name:  504

Middle Initial:  506

Last Name:  508

Title or Position:  510

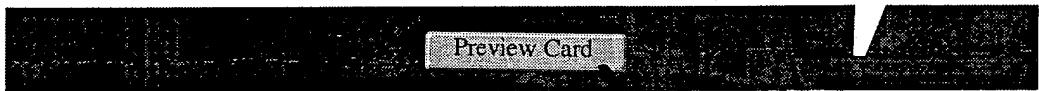
**CONTACT INFORMATION**

502

500

**FIG. 5a**

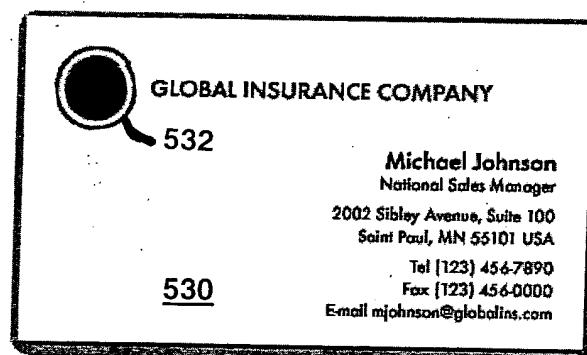


Division/Dept.:	<input type="text"/>	512
Address:	<input type="text"/>	514
Suite/Number: (optional)	<input type="text"/>	516
City:	<input type="text"/>	518
State:	<input type="text"/> 520	
Zip/Postal Code:	<input type="text"/>	522
Email:	<input type="text"/>	524
Email Format: finitial.last@globalins.com		
<b>Please Fill in your Telephone numbers. Leave fields blank that do not apply.</b>		
Name:	Number:	
Telephone	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	Ext: <input type="text"/>
Fax	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	Ext: <input type="text"/>
-empty-	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	Ext: <input type="text"/>
-empty-	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	Ext: <input type="text"/>
 <u>(Preview Card)</u> 528		
502		
500		

**FIG. 5b**



(Click here for Instructions)



Please review your card above. This preview above will be EXACTLY how your business cards will be printed. If there is a mistake correct the information in the form below and click on the "Preview" button to preview the card again. When you are satisfied with the information shown on the card GO TO THE BOTTOM OF THIS PAGE AND FILL IN YOUR ORDER AND DELIVERY INFORMATION then click on the "Submit Card Order" button.

#### EMPLOYEE INFORMATION

First Name:  534  
Middle Initial:   
Last Name:   
Title or Position:

#### CONTACT INFORMATION

Division/Dept:   
Address:   
Suite/Number:  
(optional)   
City:   
State:   
Zip/Postal Code:   
Email:   
Email Format:  534

Please Fill In your Telephone numbers. Leave fields blank that do not apply.

502

500

**FIG. 5c**



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Telephone: (781) 890-8434 ext. 160  
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Name:	Number:
Telephone	(123) 456-7890 Ext: <input type="text"/>
Fax	(123) 456-0000 Ext: <input type="text"/>
empty	( <input type="text"/> ) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>
empty	( <input type="text"/> ) <input type="text"/> - <input type="text"/> Ext: <input type="text"/>
<b>ORDER &amp; SHIPPING INFORMATION</b>	
Number of Cards:	<input type="text" value="250"/> <input type="button" value="PREVIEW"/>
528	
Type:	<input checked="" type="radio"/> Normal Inter-Office Delivery <input checked="" type="radio"/> UPS 2nd Day Air <input checked="" type="radio"/> UPS Next Day Air
Deliver to:	<input checked="" type="radio"/> Address on Business Cards. <input checked="" type="radio"/> Alternative Address shown below.
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Address:	<input type="text"/>
Address:	<input type="text"/>
Suite/Number:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
<b>VERIFICATION INFORMATION</b>	
Cost Center:	<input type="text"/>
Employee I.D.#:	<input type="text"/>
<input type="text"/>	
(Finish)	

502

500

**FIG. 5d**